



Department of Administration / Division of Purchases  
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17Jan 06

**Addendum # 2**

**RFP # B05941: STATEWIDE HEALTH INFORMATION EXCHANGE (HIE) AND RELATED SERVICES**

**Submission Deadline: 21 Feb 06 @ 2:00 PM (EST)**

- Eight modifications to the solicitation are addressed in this addendum.
- Reminder: Pre-Proposal conference is scheduled for 20 Jan 06 @ 2:00 PM

Jerome D. Moynihan, C.P.M., CPPO  
Administrator of Purchasing Systems

**1. B05941: Page 13, Section 2.3 should read:**

**2.3 PROPOSAL FORMAT**

The pre-formatted Vendor Forms in Appendix D are intended to be used for direct electronic entry and submission of proposal narrative for the Vendors' Response. **To obtain a copy of this RFP as a single MS Word® document (which will be needed to fill in all required vendors forms such as Appendix B and Appendix D) please e-mail Amy Zimmerman at [AMY.ZIMMERMAN@HEALTH.RI.GOV](mailto:AMY.ZIMMERMAN@HEALTH.RI.GOV) .** All required information listed in Appendix D must be provided in electronic format, MS Word®, and in hard copies on 8 ½ x 11 paper, double-spaced, no smaller than 11-point type (excluding graphics), unless otherwise specified by the Division of Purchasing. CDs with soft copies of all source files for tables, graphics and diagrams included in MS Word® documents are requested, but not required, to facilitate response review; Visio® is a preferred application for charts and network/system diagrams; MS PowerPoint® and MS Excel® are acceptable. Supplementary brochures and documentation, for example, product marketing/descriptive materials, etc., may be provided in .pdf format although electronic copies are not required.

**2. B05941: Page 13, Section 2.4 should read:**

**2.4 SUBMISSION OF PROPOSALS**

**All hard and soft copies of Vendor's Technical and Cost Proposal labeled and sealed separately and packaged securely in an envelope or other container, shall be received on or before 1:40 p.m., Eastern Standard Time, on 21 February 2006. Responses should be clearly marked RFP# B05941 "RI STATEWIDE HIE SYSTEM", Due Date: 21 February 2006 and mailed or hand-delivered to:**

**State of Rhode Island  
Division of Purchases  
One Capitol Hill, Second Floor  
Providence, Rhode Island 02908-5855**

**Faxed or emailed proposals will not be considered.**

**[NOTE: All other language in this section remains unchanged.]**

**3. B05941: All headers in each Vendors Form should read:**

**RI HIE RFP NUMBER: B05941**

**4. B05941: VENDOR FORM F-7, Page F7-3 Section VIII(f) should read:**

(f) HIV/AIDS. If HIV/AIDS information is to be disclosed under this Agreement, the Business Associate acknowledges that it has been informed of the confidentiality requirements of the State of Rhode Island.

**5. B05941: Appendix E: IT Supplemental Terms and Conditions: Page E-13 number 32. should read:**

**32. NEWS RELEASES:**

Unless otherwise exempted, news releases pertaining to this Contract shall not be made without prior written approval by the Rhode Island Department of Health.

**6. B05941: Appendix E: IT Supplemental Terms and Conditions: Page E-16 number 41 should read:**

**41. GOVERNANCE:**

Contractor acknowledges that this engagement is through the Rhode Island Department of Health (HEALTH).

**7. B05941: Appendix E: IT Supplemental Terms and Conditions: Page E-16 number 43 should read:**

**43. NAMED INDIVIDUALS ONLY**

All work will be performed only by the specific employees named by the Contractor in the Purchase Order Release. The Contractor will not use any other employee, independent contractor, company or subcontractor without the prior written consent of HEALTH or the State CIO or other appointed designee. Any breach of this condition will be cause for default, with the state reserving the right to cancel the Purchase Order. Any waiver of this condition allowing for substitution must be done in writing.

**8. B05941: Appendix E: IT Supplemental Terms and Conditions: Page E-17 number 47 should read:**

**47. CHANGE IN PRICE OF DELIVERABLES:**

Any change in the price for any deliverable must receive the prior written approval of the HEALTH's RI HIE Project Director or other appointed designee(s).